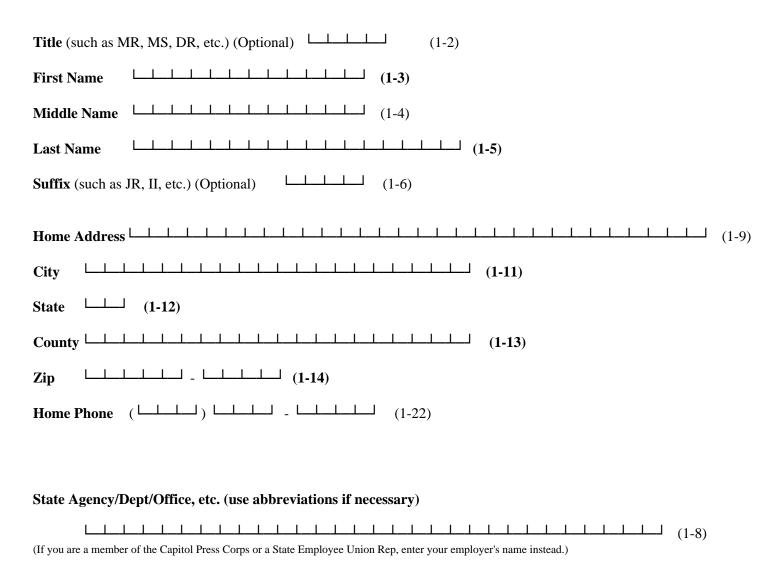# State of California

California State Library Borrower Privileges Application Form For:
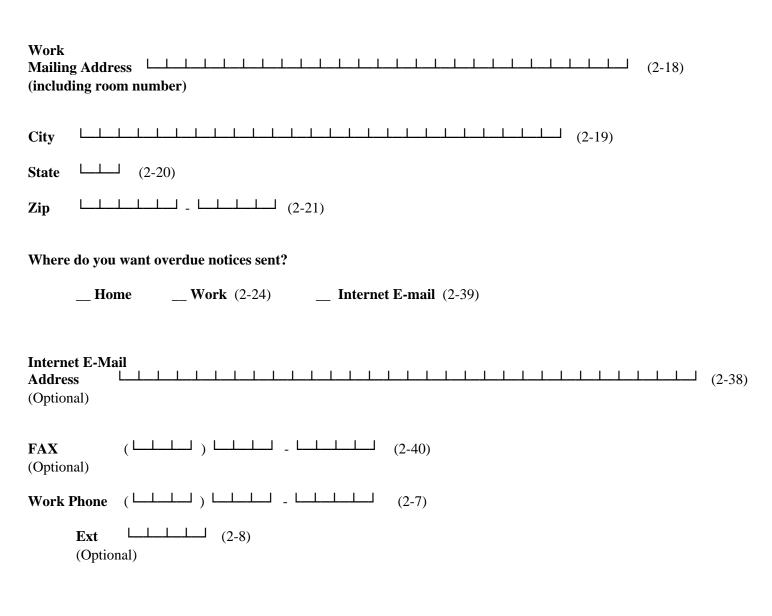
State Legislative Staff, State Employees, State Board Members,
State Employee Reps, Capitol Press Corps

The information requested in this application pertains to eligibility for and establishment of borrowing privileges from the California State Library as delineated in sections 19300-19334 of the California Education Code and sections 20000-20050 of Title 5, California Code of Regulations. All of the information which is requested below is required, except for those lines which are labeled as optional. The required information is essential to ensure that the California State Library can contact borrowers. Complete and accurate reporting of the requested information, and the display of proper identification at the time of application, will speed the granting of borrowing privileges.

All information on this application remains confidential as outlined in California State Executive Order No. B-22-76 and section 6267 of the California Government Code. Individuals are entitled to inspect information contained in their records during regular business hours. The Head of Circulation, 914 Capitol Mall, Room 300, Sacramento, CA 95814 (916-654-0206), is responsible for maintaining this information.

Borrowers are responsible for all material checked out, for payment of three times the value for any unreturned material, for payment for any damaged material, for reporting immediately a lost or stolen card, and for giving prompt notice of name or address changes.

Title (such as MR, MS, DR, etc.) (Optional) ⌷⌷⌷⌷ (1-2)

First Name ⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷ **(1-3)**

Middle Name ⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷ (1-4)

Last Name ⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷ **(1-5)**

Suffix (such as JR, II, etc.) (Optional) ⌷⌷⌷⌷ (1-6)

Home Address ⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷ (1-9)

City ⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷ **(1-11)**

State ⌷⌷⌷ **(1-12)**

County ⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷ **(1-13)**

Zip ⌷⌷⌷⌷⌷ - ⌷⌷⌷⌷ **(1-14)**

Home Phone (⌷⌷⌷) ⌷⌷⌷ - ⌷⌷⌷⌷ (1-22)

State Agency/Dept/Office, etc. (use abbreviations if necessary)

⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷⌷ (1-8)

(If you are a member of the Capitol Press Corps or a State Employee Union Rep, enter your employer's name instead.)

Work
Mailing Address └─┴─┘ (2-18)
(including room number)

City └─┴─┘ (2-19)

State └─┴─┘ (2-20)

Zip └─┴─┴─┴─┴─┘ ₋ └─┴─┴─┴─┘ (2-21)

Where do you want overdue notices sent?

　　　　__ **Home** 　　　__ **Work** (2-24)　　　__ **Internet E-mail** (2-39)

Internet E-Mail
Address └─┴─┘ (2-38)
(Optional)

FAX　　(└─┴─┴─┘) └─┴─┴─┘ ₋ └─┴─┴─┴─┘ (2-40)
(Optional)

Work Phone　(└─┴─┴─┘) └─┴─┴─┘ ₋ └─┴─┴─┴─┘ (2-7)

　　Ext　　└─┴─┴─┴─┘ (2-8)
　　(Optional)

If you are a member of a state board, please enter the expiration date of your appointment:

　　　　Date:　　　　　　_ _ / _ _ / _ _ **(1-20)**